IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System — G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Friendship Methodist Church DATE 7-28-81 PERMIT NO. ________

PHONE: Business ________ Home ________

LOCATION Friendship Rd - SR 1896

SUBDIVISION NAME ________ S. R. No. ________

LOT NO. ________ SECTION OR BLOCK NO. ________

House ( ) Mobile Home ( ) Business ( ) Other Church Addition line to acc. Day Care

No. Bedrooms ________ No. Bathrooms ________

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area ________

Character & Porosity of Soil ________

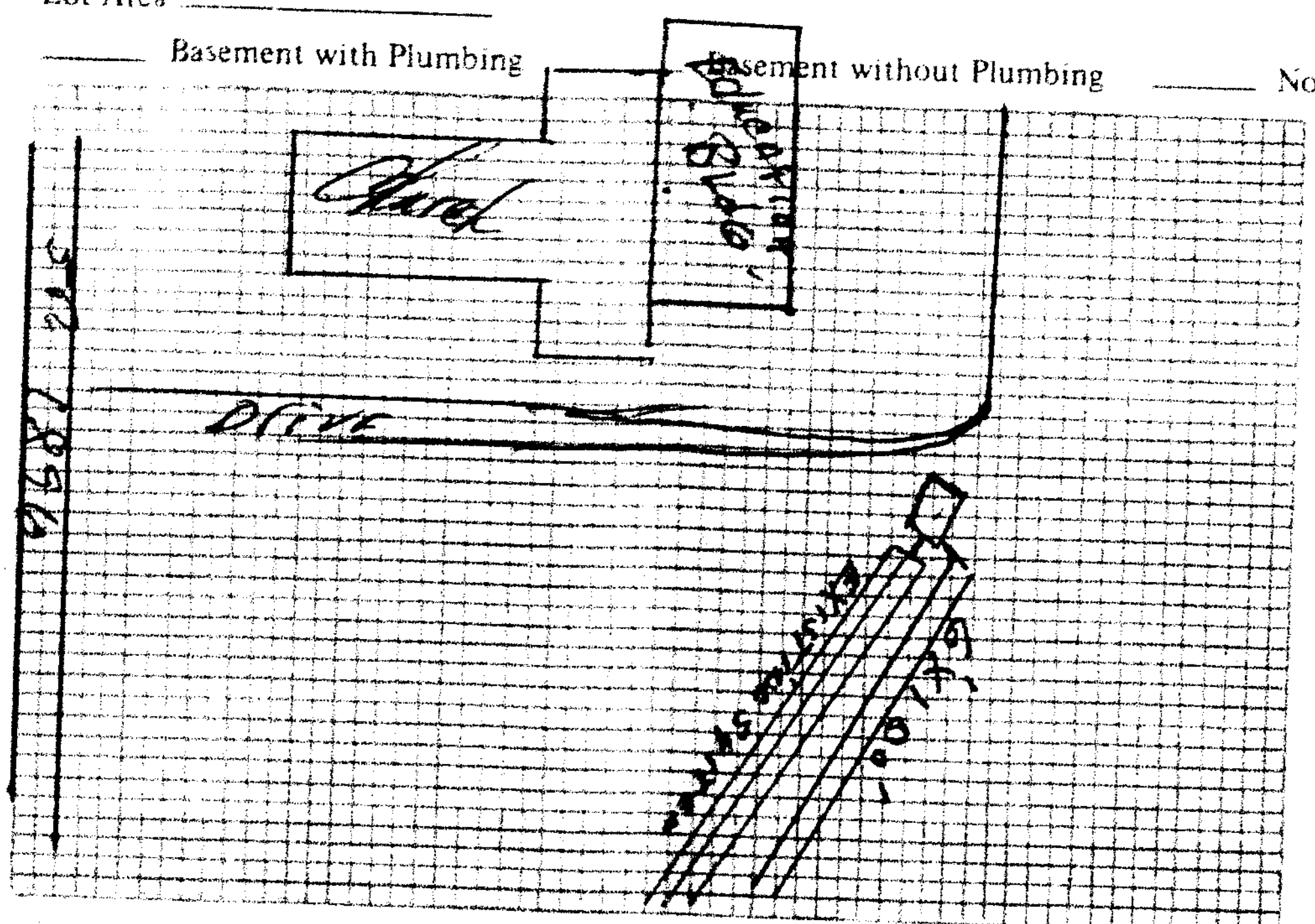
Percolation Rate ________

Topography ________ EXISTING

Depth to Water Table ________

Rock or other impervious formations ________

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by Ray Lentz

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Glenn Ford Jr DATE 7/28/81

EXISTING SYSTEM CHECKED BY: ________ DATE ________

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold